

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000058177

**Entity Name:** MED INNOVATION CORP

**Current Principal Place of Business:**

11231 NW 20 ST  
#137  
MIAMI, FL 33172

**Current Mailing Address:**

11231 NW 20 ST  
MIAMI, FL 33172

**FEI Number:** 27-0513245

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MESA & MESA ACCOUNTING AND TAX SERVICES  
2441 NW 93 AVE  
SUITE 101  
DORAL, FL 33172 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BORGES, CARLOS M  
Address 7900 HARBOR ISLAND DR SUITE 612A  
City-State-Zip: MIAMI FL 33141

Title S.T  
Name AVELLAR, FLAVIO  
Address 7900 HARBOR ISLAND DR SUITE 612A  
City-State-Zip: MIAMI FL 33141

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLOS BORGES

**DIRECTOR**

**02/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date